



The Commonwealth of Massachusetts  
Division of Professional Licensure  
239 Causeway Street, Boston, MA 02114  
Board of Landscape Architects  
[www.mass.gov/dpl/boards/la](http://www.mass.gov/dpl/boards/la)  
617-727-3072

**Policy of Reinstatement of Lapsed Landscape Architects Licenses**  
**There is no inactive status in Massachusetts**

**1. For those whose license has expired within the last three years (3):**

- Pay all licensing fees for the lapsed years, plus a reinstatement fee. (Board will notify you with the appropriate fee).

**2. For those license has expired more than three (3) years ago but less than ten years (10):**

- You must submit to the Board a reinstatement application.
- You must submit to the Board graphic evidence of three (3) current projects whose scope is appropriate to the scope of the project for which the registrant desires to be licensed.
- You must submit to the Board three (3) reference letters from each of the clients whose projects are being presented.
- You must provide to the Board a brief written history of your practice since your license lapsed.
- Pay all licensing fees for lapsed years, plus a reinstatement fee. (Board will notify you with the appropriate fee).
- You may be required to appear for a personal interview before the Registration Board.

**3. For those whose license has expired for more than ten years (10):**

- You may be required to take the current Landscape Architects examination.
- You may be required to appear for a personal interview before the Registration Board.



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**Reinstatement Application**

**BOARD USE ONLY**

Board: \_\_\_\_\_  
License #: \_\_\_\_\_  
Type: \_\_\_\_\_  
Cash #: \_\_\_\_\_  
Cash Date: \_\_\_\_\_

Please attach recent  
2" x 2"  
photograph here

1. Applicant Name: \_\_\_\_\_  
Last First Middle

2. Permanent Address: \_\_\_\_\_  
No. Street Apt. #  
\_\_\_\_\_  
City/Town State Zip Code

**BOARD USE ONLY**

Status Code: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Lic. Exp. Date: \_\_\_\_\_

3. Business Address (If Applicable): \_\_\_\_\_  
No. Street Apt. #  
\_\_\_\_\_  
City/Town State Zip Code

4. Under what name or firm name are you practicing or do you expect to practice Landscape Architects in Massachusetts: \_\_\_\_\_

5. Position with Firm: \_\_\_\_\_

6. Number of years with firm: \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_ 8. Place of Birth: \_\_\_\_\_

9. Maiden Name/Other Name: \_\_\_\_\_

10. Telephone Number-Day: \_\_\_\_\_ Evening: \_\_\_\_\_

11. Social Security Number (**Mandatory**): \_\_\_\_\_

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

12. Date Massachusetts Registration lapsed: \_\_\_\_\_

13. Reason for lapse of Massachusetts Registration: \_\_\_\_\_

\_\_\_\_\_

14. Provide a brief history of your practice since your Massachusetts Registration has lapsed:

\_\_\_\_\_

\_\_\_\_\_

15. Method of original Massachusetts Registration (examination/reciprocity): \_\_\_\_\_

\_\_\_\_\_

16. Base State Registration: \_\_\_\_\_

17. Base State Registration Number, date issued and expiration date:

License#: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

18. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are

licensed/certified, indicating the status of your license and any relevant disciplinary information. \_\_\_\_\_

\_\_\_\_\_

19. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

20. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

21. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

22. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐  
If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

23. You must provide graphic evidence of at least three projects for which you have been either the landscape architect of record or had substantial responsibility. (If not the landscape architect of record, a detailed description of responsibility). Photographs and brochures may be acceptable for evidence.

24. You must provide reference letters from the clients for each of the three projects that you are submitting.

25. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: ☐ No: ☐  
If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_

26. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Landscape Architects to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date